

STANDARD CERTIFICATE OF DEATH

42293

State File No.

Registrar's No. 10575

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 10575	
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149				
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital					e. STREET ADDRESS (If rural, give location) 5205 Tholozan Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) MABEL			b. (Middle) R.		c. (Last) HOOK		4. DATE OF DEATH (Month) (Day) (Year) Dec. 11 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 12, 1879		9. AGE (In years last birthday) 71 <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MONTH <input type="checkbox"/> UNDER 1 HOUR <input type="checkbox"/> UNDER 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Smithton, Mo.			12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Dr. J. P. Bahrenburg			13b. MOTHER'S MAIDEN NAME Margaret Selken			14. NAME OF HUSBAND OR WIFE William O. Hook			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME William O. Hook ADDRESS 5205 Tholozan Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast.					INTERVAL BETWEEN ONSET AND DEATH about June 1946		
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none							
19a. DATE OF OPERATION 1-24-47		19b. MAJOR FINDINGS OF OPERATION Cancer of breast.					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X					
22. I hereby certify that I attended the deceased from 1-24-47 to 12-10-50 , 19____, that I last saw the deceased alive on 12-10-50 19____, and that death occurred at 12:05 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Walter H. Groeneman M.D. (Degree or title) U				23b. ADDRESS 1506 St. Louis			23c. DATE SIGNED 12-11-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-13-50		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Nashville, Ill.			
DATE REC'D BY LOCAL REG. DEC 16 1950		REGISTRAR'S SIGNATURE J. B. Lester			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Richard W. Stoves and

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.